## CHILD AND ADULT CARE FOOD PROGRAM INCOME ELIGIBILITY GUIDELINES Effective FROM July 1, 2007 to June 30, 2008

FREE REDUCED

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ANNUAL	MONTHLY	WEEKLY	HOUSEHOLD SIZE	ANNUAL	MONTHLY RANGE	WEEKLY
13,273	1,107	256	1	18,889	1,575	364
17,797	1,484	343	2	25,327	2,111	488
22,321	1861	430	3	31,765	2,648	611
26,845	2,238	517	4	38,203	3,184	735
31,369	2,615	604	5	44,641	3,721	859
35,893	2,992	691	6	51,079	4,257	983
40,417	3,369	778	7	57,517	4,794	1,107
44,941	3,746	865	8	63,955	5,330	1,230
+4,524	+377	+87	For each additional family member add:	+6,438	+537	+124

- A. All applications qualified by income must have:
  - 1. All household members listed.
  - 2. Income by household member and source.
  - 3. The Social Security Number of the primary wage earner or adult who signs the application.
  - 4. An adult household member's signature.
- B. All applications qualified by Food Stamp, Temporary Assistance for Families in Idaho (TAFI), Federal Distribution Program for Indian Reservations (FDPIR), or Idaho Child Care Program (ICCP) number; must have:
  - 1. Name of the child receiving benefits and a correct benefit number; and
  - 2. An adult household member's signature.

## **MONTHLY INCOME COMPUTATION**

Multiply:

Weekly income by 4.33

Every two weeks income by 2.15

**Twice monthly** income by 2

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